2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N25407** Mar 27, 2000 8:00 am 1. Entity Name **Secretary of State** RAINBOW WOODS HOMEOWNERS ASSOCIATION, INC. 03-27-2000 90082 005 ****61.25 Principal Place of Business Mailing Address P O BOX 5751 3316 AUGUSTINE RD. SPRING HILL FL 34611-5751 P.O. BOX 5751 SPRING HILL FL 34609-9107 3. Mailing Address 2.-Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City_& State City & State 59-2952024 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent oi Ko Street Address (P.O. Box Number is Not Acceptable) COLOMBO, JOYCE 1463 LONG 11312 RAINBOW WOODS LOOP SPRING HILL FL 34609 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be \Box Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PRESI Change ☐ Addition PD Delete TITLE TITLE LEA LUBRANO DESERTO, PATRICIA K. NAME 11344 RAINBOOD WOODS LOOP STREET ADDRESS STREET ADDRESS 11347 ORANGEWOOD COURT SPRING HILL FL. 34609-9142 CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL VICE PRES. €hange ☐ Addition Delete TITLE TITLE mary sollivan NAME TERESA MEA--- -NAME 11378 LONG HULCT STREET ADDRESS STREET ADDRESS 11395 ORANGEWOOD CT FL 39609-9142 CITY-ST-ZIP CITY-ST-ZIP SPRING HILL SPRING HIL FL Delete Addition TD TITLE TREAS Change TITE debra Boiko NAME COLOMBO, JOYCE NAME 11403 LONG HILL CT SPRING HLL FL. 3460 STREET ADDRESS STREET ADDRESS 11312 RAINBOW WOODS LOOP CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34609 Change Addition SD TITLE TITLE ☐ Delete FRANCESCHINA, ALICE NAME NAME STREET ADDRESS STREET ADDRESS 11364 ORANGEWOOD CT CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34609 DIRECTOR Change ☐ Addition TITLE TITLE Teresa Mra ROSE NARDELLO NAME 11395 GRANGELOOD CT STREET ADDRESS 11395 LONGHILL CT STREET ADDRESS CITY-ST-ZIP 5 PRIKE CITY-ST-ZIP -914-2 SPRINGHILL FL ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Date

Date

Date

Description of The Date

Desc